

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

Rev. Amd

SERIAL NO.

10/713017

FILING DATE

APPLICANT(S)

| AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | CLAIMS | |
|--------------|-----|------------------------|-----|------------------------|-----|--------|-----|
| IND | DEP | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL DEP. | 9 | ← | 9 | ← | | | |
| TOTAL CLAIMS | 12 | | 18 | | | | |

| CLAIMS | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL CLAIMS | | | | | | |